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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac St. ADDRESS (number and street) Suite 400 Check if different than previously Boston MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2011 02 28 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **Brent Anderson** Type or Print Name of Treasurer Brent Anderson Electronically Filed by 03 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Massachusetts Republican State Congressional Committee D D [®] D 02 0 1 2011 0.2 28 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 226459.16 January 1 (b) Cash on Hand at 202579.56 Begining of Reporting Period 54275.64 89989.74 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 256855.20 316448.90 6(a) and 6(c) for Column B) 68134.86 127728.56 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 188720.34 188720.34 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 5660.20 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

м м 0 2 0 1 м°м 0 2 2 8 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 12668.64 30521.74 (i) Itemized (use Schedule A) 41527.00 59388.00 (ii) Unitemized (iii) TOTAL (add 54195.64 89909.74 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 80.00 80.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 54275.64 89989.74 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 54275.64 89989.74 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 54275.64 89989.74 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	001 11222 4	Page 4 COLUMN B		
II. DISBURSEMENTS	DISBURSEMENTS COLUMN A Total This Period			
1. Operating Expenditures:	1010.11110.101100	Calendar Year-to-Date		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	00404.00	407700 50		
Expenditures	68134.86	127728.56		
(c) Total Operating Expenditures	68134.86	127728.56		
(add 21(a)(i), (a)(ii) and (b))	00134.00	12/720.30		
Committees	0.00	0.00		
3. Contributions to				
Federal Candidates/Committeesand Other Political Committees	0.00	0.00		
Independent Expenditure	0.00	0.00		
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
(use Scheaule F)	0.00	3.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
29. Other Disbursements	0.00	0.00		
3. Other dispursements	0.00	0.00		
0. Federal Election Activity (2 U.S.C 431(20))				
(a) Shared Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	2.22			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
V / V / V / V / V - V - V - V - V - V -				
31. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68134.86	127728.56		
32. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	68134.86	127728.56		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	54275.64	89989.74	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	54275.64	89989.74	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	68134.86	127728.56	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	68134.86	127728.56	

FE6AN026

	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
A oi	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor			
٨.	Full Name (Last, First, Middle Initial) BARROWS BARROWS INSURANCE			Date of Receipt
	Mailing Address 215 NORTH MAIN ST	TREET		02 / 16 / 2011
	City MANSFIELD	State MA	Zip Code 02048	Transaction ID: SA11.184313
	FEC ID number of contributing federal political committee.	C	02040	Amount of Each Receipt this Period 848.64
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation	n ATION REQUESTED PER I	CONTRIBUTION BEST EFFORTS
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 848.64	
 3.	Full Name (Last, First, Middle Initial) JOHN BEAR	1		Date of Receipt
	Mailing Address P.O. BOX 1757			0 2 1 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11.183914
	DUXBURY FEC ID number of contributing federal political committee.	C	02331	Amount of Each Receipt this Period 100.00
	Name of Employer RETIRED	Occupation RETIREI		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 215.00	
 ;.	Full Name (Last, First, Middle Initial) CRAIG BEST			Date of Receipt
	Mailing Address 88 ROCKPORT ROA DO NOT CALL	D		0 2 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WESTON	State MA	Zip Code 02493	Transaction ID: SA11.183948 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	ULTIO	250.00
	Name of Employer SELF EMPLOYED	Occupation DOCTOR		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1198.64

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
Massachusetts Republican State Con	gressional Committee	
Full Name (Last, First, Middle Initial) ROBERT BRACE Mailing Address 9 JACKSON POND		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.183873
DEDHAM	MA 02026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) NELSON BURBANK	I	Date of Receipt
Mailing Address 24 JUNIPER CIRCLE		02 28 2011
City	State Zip Code	Transaction ID: SA11.184561
READING	MA 01867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) DAVID ECKERT		Date of Receipt
Mailing Address 128 BOSTON POST F	ROAD	02 23 2011
City	State Zip Code	Transaction ID: SA11.184322
WAYLAND	MA 01778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF EMPLOYED	Occupation EXECUTIVE	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) Massachusetts Republican State	ts and Statements may not be sold or used by any personsing the name and address of any political committee to e Congressional Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CLAY EVANS Mailing Address PO BOX 792 City NANTUCKET FEC ID number of contributing federal political committee.	State Zip Code MA 02554	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Name of Employer STUDENT Receipt For: Primary General Other (specify) ▼	Occupation STUDENT Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) CLAY EVANS Mailing Address PO BOX 792		Date of Receipt 0 2 2 3 2 0 1 1
City NANTUCKET FEC ID number of contributing federal political committee. Name of Employer STUDENT	State Zip Code MA 02554 C Occupation	Transaction ID: SA11.184366 Amount of Each Receipt this Period 250.00 CONTRIBUTION
Receipt For: Primary General Other (specify)	STUDENT Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) PAUL GREGORY Mailing Address 19 MILL POND		Date of Receipt 0 2 0 9 2 0 1 1
City MARBLEHEAD FEC ID number of contributing	State Zip Code MA 01945	Transaction ID: SA11.184269 Amount of Each Receipt this Period 125.00
name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date	CONTRIBUTION
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (opt	ional)	425.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) PAUL GREGORY Mailing Address 19 MILL POND City MARBLEHEAD FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code MA 01945 C Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date 250.00	Date of Receipt M M M 25 2011 Transaction ID: SA11.184554 Amount of Each Receipt this Period 125.00 CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) ALFRED L. GRIGGS Mailing Address 1 ROUNDHOUSE PLZ City NORTHAMPTON FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify) General	State Zip Code MA 01060 C Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date 250.00	Date of Receipt O 2
Full Name (Last, First, Middle Initial) FREDERICK HAFER Mailing Address 1010 WALTHAM STR City LEXINGTON FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State Zip Code MA 02421 C Occupation RETIRED Aggregate Year-to-Date 220.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		595.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the	
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used be name and address of any political c	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.	
Massachusetts Republican State Con	gressional Committee		
Full Name (Last, First, Middle Initial) WILLIAM K. HOSKINS Mailing Address 85 E INDIA ROW AP	WILLIAM K. HOSKINS		
City	State Zip Code	0 2 1 0 2 0 1 1 Transaction ID: SA11.183886	
BOSTON	MA 02110-3348	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer HOSKINS & ASSOCIATES	Occupation PRESIDENT	CONTRIBUTION	
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	5	00.00	
Full Name (Last, First, Middle Initial) GREGORY HOWES		Date of Receipt	
Mailing Address 110 COTTAGE ST.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State Zip Code	Transaction ID: SA11.184368	
CONCORD	MA 01742	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00 CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUEST		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	5	00.00	
Full Name (Last, First, Middle Initial) MATTHEW KESWICK		Date of Receipt	
Mailing Address 231 VICTORY ROAD		0 2 2 3 2 0 1 1	
City NORTH QUINCY	State Zip Code MA 02171	Transaction ID: SA11.184367 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer KESWICK CONSULTING	Occupation PRESIDENT	CONTRIBUTION	
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	2	50.00	
SUBTOTAL of Receipts This Page (optional) .		1250.00	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Massachusetts Republican State Cor	ngressional Committee	
Full Name (Last, First, Middle Initial) KURT LANZA		Date of Receipt
Mailing Address P.O. BOX 2178		02 10 2011
City	State Zip Code	Transaction ID: SA11.183892
LITTLETON	MA 01460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INFORMATION REQUESTED PER	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST FEFORTS
BEST EFFORTS Receipt For:	Aggregate Year-to-Date ▼	3231 211 31113
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) SUSAN MATTES		Date of Receipt
Mailing Address 9 HARDY ROAD		02 07 2011
City	State Zip Code	Transaction ID: SA11.184249
MARLBOROUGH	MA 01752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASTRAZENECA R&D BOSTON	Occupation RESEARCH SCIENTIST	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) KONICA MINOLTA		Date of Receipt
Mailing Address 500 DAY HILL RD		0 2 1 6 2 0 1 1
City	State Zip Code	Transaction ID: SA11.184311
WINDSOR	CT 06095	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST EFFORTS
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00]
	<u> </u>	2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
(Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	ressional C	ommittee			
Α.	Full Name (Last, First, Middle Initial) PAUL MORGAN	Date of Receipt				
	Mailing Address 23 EAGLES NEST RD	02 10 2011				
	City DUXBURY	State MA	Zip Code 02332-5111	Transaction ID: SA11.183894 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	02002 0111	300.00		
	Name of Employer MORGAN CONSTRUCTION	Occupatio RETIREI		CONTRIBUTION		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00			
- В.	Full Name (Last, First, Middle Initial) WILLIAM HUGH MORTON Mailing Address 1480 DRIFT ROAD			Date of Receipt		
				02 25 2011		
	City WESTPORT	State MA	Zip Code 02790	Transaction ID: SA11.184500 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	OL7 GO	500.00		
	Name of Employer MORTON LAW OFFICE	Occupatio ATTORN		CONTRIBUTION		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00			
_ С.	Full Name (Last, First, Middle Initial) OSWALDO PALOMO			Date of Receipt		
	Mailing Address 9 PRESIDENTS STRE	ET		0 2 D D D D D D D D D D D D D D D D D D		
	City	State	Zip Code	Transaction ID: SA11.184365		
	EAST HAMPTON FEC ID number of contributing federal political committee.	C	11937	Amount of Each Receipt this Period 250.00		
	Name of Employer ADS VENTURES, INC.	Occupatio	n NT MANAGER	CONTRIBUTION		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional)			1050.00		
	TOTAL This Period (last page this line number		·			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
V	Full Name (Last, First, Middle Initial) HORACE SCHERMERHORN Mailing Address 10 VILLAGE DRIVE City EAST SANDWICH FEC ID number of contributing federal political committee.	State MA	Zip Code 02537	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	Occupatio RETIREI Aggregate		CONTRIBUTION
	Full Name (Last, First, Middle Initial) HORACE SCHERMERHORN Mailing Address 10 VILLAGE DRIVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11.184344
	EAST SANDWICH	MA	02537	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.			150.00 CONTRIBUTION
	Name of Employer RETIRED	Occupatio RETIREI		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) GILBERT STEWARD Mailing Address 137 LARCH ROW			Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11.184307
	WENHAM FEC ID number of contributing federal political committee.	C	01984	Amount of Each Receipt this Period 2000.00
	Name of Employer RETIRED Occupation RETIRED			CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	l	_	2300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one) X 11a	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Massachusetts Republican State Con	gressional Committee		
Full Name (Last, First, Middle Initial) FRANCIS VENDITTI Mailing Address 160 WARREN AVENU	FRANCIS VENDITTI		
		02 25 7 2011	
City SEEKONK	State Zip Code MA 02771-2097	Transaction ID: SA11.184400 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer SEEKONK SPEEDWAY	Occupation MANAGER	CONTRIBUTION	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) D. BRADFORD WETHERELL		Date of Receipt	
Mailing Address 47 FRESH POND LAI	NE .	02 25 2011	
City	State Zip Code	Transaction ID: SA11.184409	
CAMBRIDGE FEC ID number of contributing federal political committee.	MA 02138	Amount of Each Receipt this Period 300.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION EST EFFORTS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) GEORGE YOUNG		Date of Receipt	
Mailing Address 235 WALKER STREE APT 252	T	02 25 7 2011	
City LENOX	State Zip Code MA 01240-2749	Transaction ID: SA11.184371 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional) .	·	1100.00	
TOTAL This Period (last page this line number	only)	12668.64	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 37 (check only one) 11a 11b X 11c 12 13 14 15 16 17		
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congr	essional C	ommittee			
Α.	Full Name (Last, First, Middle Initial) SHARON RANDALL COMMITTEE	Date of Receipt				
	Mailing Address 4 PIERCE ST.			02 / 09 / 2011		
	City	State	Zip Code	Transaction ID: SA11.184005		
	MARBLEHEAD	MA	01945	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer	Occupatio	n	CONTRIBUTION		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 40.00			
В.	Full Name (Last, First, Middle Initial) PAUL BURKE			Date of Receipt		
	Mailing Address 37 WHITE ST			0 2 0 7 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11.184003		
	QUINCY	MA	02169	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer	Occupatio	n	CONTRIBUTION		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 40.00			

		00.00
SUBTOTAL of Receipts This Page (optional)	•	80.00
TOTAL This Period (last page this line number only)		80.00

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	- · · · · · · · · · · · · · · · · · · ·		
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			Transaction ID: SB.1 Date of Disbursement
Mailing Address 62 Dwight St. Apt. 1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} $
	State Zip Code MA 02446		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			916.78
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
ANTONY FERRUCCI			Transaction ID: SB.32 Date of Disbursement
Mailing Address 62 Dwight St. Apt. 1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Q & O & D \end{bmatrix} T$
City Brookline	State Zip Code MA 02446		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			916.77
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			Transaction ID: SB.9 Date of Disbursement
Mailing Address 62 Dwight St. Apt. 1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix} $
City Brookline	State Zip Code MA 02446		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement			168.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		Vendor not paid over \$200 in calendar year
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	2001.55

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:			PA	GE	37	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	П	22 28a	П	23 28b	П	24 28c	E	25 29	26 30b
	Information copied from such Reports and Statements may not be sold or used by any persor commercial purposes, other than using the name and address of any political committee to											
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) KAITLYN GREELEY Mailing Address 34 Fresno St.					Trans Date o		sburs	_				1 ^Y
,	State Zip Code MA 02131				Amou	nt of	Each	n Dis	burse	men	t this I	Period
Purpose of Disbursement Reimbursement	14111		•							2	63.03	3
Candidate Name			tegory/ ype									
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)											
Full Name (Last, First, Middle Initial) Sprint					Trans Date o	of Di	sburs	eme	_			
Mailing Address 6391 Sprint Parkway					0 ^M 2	M /	^D C	3	/ [Ž	01	1 ^Y
,	State Zip Code KS 66251				Amou	nt of	Each	Dis	burse			Period
Purpose of Disbursement Phone Bill							•			2	63.03	3
Candidate Name	_		tegory/ Type									
Senate President	ment For: Primary General Other (specify)											
State: District: Full Name (Last, First, Middle Initial)					T		ID		·D 0			
KAITLYN GREELEY					Trans Date o		sburs	eme		′ ° Y	, · · · · · · · · · · · · · · · · · · ·	Y
Mailing Address 34 Fresno St.					0 2			2	L		0 1 ·	
Rosindale	State Zip Code MA 02131				Amou	nt of	Each	n Dis	burse	-	t this 1	
Purpose of Disbursement PAYROLL					-	-				9	00.00	
Candidate Name			tegory/ ype									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼											
State: District:												
SUBTOTAL of Disbursements This Page (optional) .			•							14	94.69	9

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check							R:			PA	AGE	18/	37
ITEMIZED DISBURSEMENTS		category of the Summary Page		·	21b 27	F	22 28a	П	23 28b		24 28c	F	25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									5					
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Con	nmittee												
Full Name (Last, First, Middle Initial) KAITLYN GREELEY Mailing Address 34 Fresno St.							Date		sburs				0 1 1	Y
City Rosindale	State MA	Zip Code 02131					Amou	nt o	f Each	ı D	isburse	men	t this F	Period
Purpose of Disbursement PAYROLL				•	·		<u></u>					5	54.91	
Candidate Name					egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) NATHAN LITTLE							Date	of D	sburs	em				V
Mailing Address 83 Concreve St.							0 ^M 2	М	1	1 5		Ž	0 1 1	Y
City Boston	State MA	Zip Code 02131					Amou	nt o	f Each	ı D	isburse	-		
Purpose of Disbursement Reimbursement							L.					2	26.94	
Candidate Name					egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) At&T							Trans		-		SB.47	,		
Mailing Address PO BOX 536216							0 ^M 2	М	/ D	1 5		Ź	0 1 1	Y
City ATLANTA	State GA	Zip Code 30353					Amou	nt o	f Each	ı D	isburse	-		
Purpose of Disbursement Phone Bill							L.					1	54.99	
Candidate Name Office Sought: House Disburse	ement For:				egory/ /pe									
Office Sought: House Disburse Senate President	Primary Other (spe	General ▼												
State: District:								_		_		_		
SUBTOTAL of Disbursements This Page (optional)					. ▶		L.					9	36.84	

C.

SCHEDULE B (FEC Form 3X)		rate schedule(s)			OR LIN			R:		P	AGE	37		
ITEMIZED DISBURSEMENTS		ategory of the Summary Page		·	21b 27		22 28a		23 28b	F	24 28c	F	25 29	26 30k
	r Information copied from such Reports and Statements may not be sold or used by any person commercial purposes, other than using the name and address of any political committee to													S
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Com	mittee												
Full Name (Last, First, Middle Initial) Bowdoin Square Exxon Mailing Address 239 Cambridge St							Date		sburs				0 1	1 Y
	State	Zip Code						nt o			Disburs	_		
Boston	MA	02114										-		
Purpose of Disbursement Travel Expenses									•				32.00)
Candidate Name					egory/ vpe									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General												
Full Name (Last, First, Middle Initial) NATHAN LITTLE							Trans		-					
Mailing Address 83 Concreve St.							0 ^M 2	М	^D C) 2	2 /	Y	01	1
,	State MA	Zip Code 02131					Amou	nt o	f Each	ı C	isburs	emer	nt this	Period
Purpose of Disbursement PAYROLL												21	76.57	7
Candidate Name					egory/ vpe									
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼												
State: District: Full Name (Last, First, Middle Initial)							Trono	o o ti	on ID	_	SB.3	1		
NATHAN LITTLE							Date o		sburs	en	nent		/ ` Y `	Y
Mailing Address 83 Concreve St.							0.2		1	1 6	5	2	2 0 1 ·	1
Boston	State MA	Zip Code 02131					Amou	nt o	f Each	ı C	isburs	-		
Purpose of Disbursement PAYROLL				v	- 1		L.	-	-			21	34.50)
Candidate Name					egory/ /pe									
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	☐ General												
State: District:		•												
SUBTOTAL of Disbursements This Page (optional) .					. •							44	43.07	7

C.

SCHEDULE B (FEC Form 3X)	Use separate sche				NE NUMBER: PAGE 20 / 37 only one)						37	
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary		1 –	21b 27	A	22 28a	П	23 28b	24 28c	Е	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam												5
NAME OF COMMITTEE (In Full)	e and address of any p	Joillical Col		iiilee lo s	Olici	COIL	ibuti	0115 110	JIII SUCII C	JOHN	muee	
Massachusetts Republican State Congres	sional Committee											
Full Name (Last, First, Middle Initial) NATHAN LITTLE						Date o	of Di	sburse				
Mailing Address 83 Concreve St.						0 2	M /	1	6 / Y	ž	01	l ^Y
City Boston	State Zip Cod MA 02131	е				Amou	nt of	Each	Disburse	-		
Purpose of Disbursement PAYROLL						<u></u>	_			21	76.58	3
Candidate Name				egory/ ype								
Senate President	ement For: Primary Ge Other (specify)	eneral										
State: District: Full Name (Last, First, Middle Initial)												
MELISSA LUCAS						Date o	of Di	sburse				
Mailing Address 22 Slayton Rd.						0 ^M 2	М /	0	^D / Y	ž	0 1 1	ı
City Melrose	State Zip Cod MA 02176	е				Amou	nt of	Each	Disburse	men	t this I	Period
Purpose of Disbursement Fundraising Consultant - Party Only						L.	_			28	63.92	2
Candidate Name				egory/ ype								
Senate President	ement For: Primary Ge Other (specify)	eneral										
State: District: Full Name (Last, First, Middle Initial)						T		ID	OD 40			
MELISSA LUCAS						Date o	of Di	sburse				
Mailing Address 22 Slayton Rd.						0 2	M /	2	^D / Y	ž	0 1 1	Y
City Melrose	State Zip Cod MA 02176					Amou	nt of	Each	Disburse		-	
Purpose of Disbursement Fundraising Consultant - Party Only										26	65.80)
Candidate Name				egory/ ype								
Office Sought: House Disburse Senate President	ement For: Primary Ge Other (specify)	eneral										
State: District:												
SUBTOTAL of Disbursements This Page (optional)				. •			_			770	06.30	

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressi	onal Committee		
Full Name (Last, First, Middle Initial) MAGAN MUNSON			Transaction ID: SB.23 Date of Disbursement
Mailing Address 209 Bunker Hill Apt. 1			02 15 2011
Charlestown	itate Zip Code MA 02129		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name		Category/ Type	, , , , , , , , , , , , , , , , , , , ,
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify)	1,100	
Full Name (Last, First, Middle Initial) USPS			Transaction ID: SB.52 Date of Disbursement
Mailing Address JFK STATION			$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} \begin{bmatrix} 0 & 1 & 5 \\ 0 & 5 & M \end{bmatrix} \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix} $
•	tate Zip Code MA 02110		Amount of Each Disbursement this Period
Purpose of Disbursement Permit Renewal			100.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MAGAN MUNSON			Transaction ID: SB.34 Date of Disbursement
Mailing Address 209 Bunker Hill Apt. 1			02
Charlestown	tate Zip Code MA 02129		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL Candidate Name		Category/	1451.87
Office Sought: House Senate President State: Disburser	nent For: Primary General Other (specify)	Type	
SUBTOTAL of Disbursements This Page (optional)			1651.87
TOTAL This Period (last page this line number only) .			

В.

C.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	s)		OR LIN			R:	R: PAGE 22/37					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	I —	21b 27	F	22 28a	\vdash	:3 !8b	24 28c		25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				y persor		the pu	ırpose	of so	oliciting c		outions		
NAME OF COMMITTEE (In Full)													
Massachusetts Republican State Congress	sional Committee												
Full Name (Last, First, Middle Initial) MAGAN MUNSON						Date	of Disl	ourse					
Mailing Address 209 Bunker Hill Apt. 1						0 ^M 2	M /	٥2	2 /	ž	01	Y	
City Charlestown	State Zip Code MA 02129					Amou	ınt of E	Each	Disburse	-			
Purpose of Disbursement Reimbursement			v							_ 2	20.40)	
Candidate Name		C		egory/ vpe									
Senate President	ement For: Primary General Other (specify)	,											
State: District:					+								
Full Name (Last, First, Middle Initial) JetBlue						Date	of Disl	ourse			· · · · · ·	V	
Mailing Address 1 Harborside Dr						0 ^M 2	M /	^D 2	^D / (Ž	0 1 1	Ť	
,	State Zip Code MA 02128					Amou	ınt of E	Each	Disburse	-			
Purpose of Disbursement Travel Expenses						L.				2	20.40)	
Candidate Name		C		egory/ vpe									
Senate President	ement For: Primary	!											
State: District:													
Full Name (Last, First, Middle Initial) MAGAN MUNSON						Date	saction of Disl	ourse		/ · V		V	
Mailing Address 209 Bunker Hill Apt. 1						0 2	IVI /	0	2 /	2	01		
City Charlestown	State Zip Code MA 02129					Amou	ınt of E	Each	Disburse	emen	t this I	Period	
Purpose of Disbursement PAYROLL						L.				14	51.87		
Candidate Name		7		egory/ vpe									
Senate President	ement For: Primary General Other (specify) \(\psi\)	1											
State: District:													
SUBTOTAL of Disbursements This Page (optional)							•			18	92.67		

5	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE		<u> </u>
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one) ☐ 22	\neg_2
		Detailed	Summary Fage	27	28a 28b 28c 29	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full)	arie ariu audre	ess of any political	Committee to so	icit contributions from such committee	
$ \rangle$	Massachusetts Republican State Congre	essional Cor	mmittee			
\angle						
	Full Name (Last, First, Middle Initial)				Transaction ID: SB.8	
	MAGAN MUNSON				Date of Disbursement	Y
	Mailing Address 209 Bunker Hill Apt. 1				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$	
	City	State	Zip Code		Amount of Each Disbursement this Pe	erioc
	Charlestown	MA	02129		156.00	
	Purpose of Disbursement Reimbursement				130.00	
	Candidate Name			Category/		
				Туре		
	Office Sought: House Disbu	rsement For: Primary	General			
	President	Other (spe				
	State: District:					
	Full Name (Last, First, Middle Initial)				Transaction ID: SB.50	
	At&T				Date of Disbursement	Y
	Mailing Address PO BOX 536216				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$	
	City ATLANTA	State GA	Zip Code 30353		Amount of Each Disbursement this Pe	erioc
	Purpose of Disbursement Phone Bill				140.00	_
	Candidate Name			Category/		
				Туре		
	Office Sought: House Disbu	rsement For: Primary	General			
	President	Other (spe				
	State: District:		,, ,			
	Full Name (Last, First, Middle Initial)				Transaction ID: SB51	
	USPS				Date of Disbursement	v
	Mailing Address JFK STATION				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}$	
	City BOSTON	State MA	Zip Code 02110		Amount of Each Disbursement this Pe	erio
	Purpose of Disbursement				16.00	
	Overnight Shipping					
	Candidate Name			Category/ Type		
	Office Sought: House Disbu	rsement For:				
	Senate	Primary	General			
	State: President District:	Other (spe	ecity) 🔻			
						_
_					312.00	

C.

SCHEDULE B (FEC Form 3X)		LEODLINE	AUUMPED. DAOE 04/07
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
II EMIZED DISBURSEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congres	ssional Committee		
Full Name (Last, First, Middle Initial) JENNIFER NASSOUR			Transaction ID: SB.14 Date of Disbursement
Mailing Address 49 Chelsea St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & J \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & J & J \end{smallmatrix} \end{bmatrix} $
City Charleston	State Zip Code MA 02129		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursements			266.01
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	,,	
State: District:			
Full Name (Last, First, Middle Initial) Bowdoin Square Exon			Transaction ID: SB.45 Date of Disbursement
Mailing Address 239 Cambridge St			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
City Boston	State Zip Code MA 02114		Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses			164.01
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) LAZ Parking			Transaction ID: SB.46 Date of Disbursement
Mailing Address 100 High St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & J \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & J & J \end{smallmatrix} \end{bmatrix} $
City Boston	State Zip Code MA 02110		Amount of Each Disbursement this Period
Purpose of Disbursement Parking			22.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			452.02

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any person fo	or the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	•							
, · · · · · · · · · · · · · · · · · · ·								
Full Name (Last, First, Middle Initial) Metro Cab			Transaction ID: SB.44 Date of Disbursement					
Mailing Address 120 BRAINTREE ST			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix} $					
,	State Zip Code MA 02134		Amount of Each Disbursement this Period					
Purpose of Disbursement CAB			80.00					
Candidate Name		Category/ Type						
Senate President	ment For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) ADVANTAGE PAYROLL SERVICES			Transaction ID: SB.36 Date of Disbursement					
Mailing Address P.O. Box 1330			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix}^{Y} $					
,	State Zip Code ME 04211		Amount of Each Disbursement this Period					
Purpose of Disbursement PAYROLL FEE			201.81					
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)							
State: District:	Other (speerly)							
Full Name (Last, First, Middle Initial) ADVANTAGE PAYROLL SERVICES			Transaction ID: SB.37 Date of Disbursement					
Mailing Address P.O. Box 1330			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} \ Y$					
	State Zip Code ME 04211		Amount of Each Disbursement this Period					
Purpose of Disbursement PAYROLL FEE			2033.47					
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼							
State: District:	•							
SURTOTAL of Dichurcements This Page (optional)			2315.28					

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		E 26 / 37
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 28a 28b 28c	25 26 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) ADVANTAGE PAYROLL SERVICES			Transaction ID: SB.5 Date of Disbursement	^y 2 0 1 1
Mailing Address P.O. Box 1330	7:01			
	State Zip Code ME 04211		Amount of Each Disburseme	
Purpose of Disbursement PAYROLL FEE		•	2	574.09
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) AMEX			Transaction ID: SB.6 Date of Disbursement	
Mailing Address PO BOX 1270			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix}$	2011
•	State Zip Code NJ 07101		Amount of Each Disburseme	ent this Period
Purpose of Disbursement Credit Card expenses	Γ		4	488.30
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) DELTA AIR LINES			Transaction ID: SB.60	
Mailing Address P.O. Box 20706			Date of Disbursement O 2 D D Y O 3 Y	2 0 1 1 °
	State Zip Code GA 30320		Amount of Each Disburseme	ent this Period
Purpose of Disbursement CREDIT CARD EXPENSES	33323	•		84.70
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)	••	TRAVEL EXPENSES	
State: District:				
SUBTOTAL of Disbursements This Page (optional) .		>	7	147.09

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN	E NUMBE	R:	PAGE 27/37					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 28a	23		24 28c		25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										5	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee										
Full Name (Last, First, Middle Initial) GODADDY.COM Mailing Address 14455 N HAYDEN RD				Date 0 2	of Disb	D 0	3 /	Ý Ž	0 1 1		
	State Zip Code AZ 85260			Amou	unt of Ea	ach	Disburse	-	-		
Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name		Car	tegory/	L.				1	25.88	3	
	ment For: Primary General Other (specify)		Гуре	WEB	WEBSITE EXPENSES						
Full Name (Last, First, Middle Initial) ICONTACT Mailing Address 5221 PARAMOUNT PAR	KWAY			Date	saction of Disb	urse	SB.55 ement		2 o 1	Y	
•	State Zip Code NC 27560			Amou	unt of Ea	ach	Disburse	emer	nt this I	Period	
Purpose of Disbursement CREDIT CARD EXPENSES	27000		0 0					1	49.00		
Candidate Name			tegory/ Type								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			SOCI	AL ME	ΞDΙ	A BILL				
Full Name (Last, First, Middle Initial) NEWTON MARRIOTT							SB.62	2			
Mailing Address 2345 COMMONWEALTH	AVE				of Disb		ement 3	Ž	20 1 -	Y	
	State Zip Code MA 02466			Amou	unt of E	ach	Disburse	emer	nt this I	Period	
Purpose of Disbursement CREDIT CARD EXPENSES			•					27	74.48	3	
Candidate Name			tegory/ Type								
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			ROO	M REN ERAGE	ITA E - F	L FEE. PARTY	FO ON	OD A LY	ND	
State: District:	·										
SUBTOTAL of Disbursements This Page (optional) .			•					30	49.36	5	

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN		NUMBER: PAGE 28/37								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	<u> </u>	22 [28a [_	23 28b	24 28c	F	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											3		
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee												
Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address P.O. Box 36647				- 1	Transa Date of	f Dis	burse	SB.61 ement		011	Y		
City DALLAS	State Zip Code TX 75235				Amour	nt of	Each	Disburse	emen	t this F	Period		
Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name		Ca	tegory/			•	-		,2	40.00			
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Гуре	7	ΓRAVI	EL E	EXPE	ENSES					
Full Name (Last, First, Middle Initial) UNITED AIRWAYS Mailing Address 77 W. Wacker Drive					Transa Date of	f Dis	burse	SB.59 ement		011	Y		
•	State Zip Code IL 60601				Amour	nt of	Each	Disburse	men	t this F	Period		
Purpose of Disbursement CREDIT CARD EXPENSES	IL 60001		• •						2	69.70			
Candidate Name Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		tegory/ Γype	1	ΓRAVI	EL E	EXPE	ENSES					
Full Name (Last, First, Middle Initial) US AIRWAYS					Date o	f Dis	burse						
Mailing Address 4000 E Sky Harbor Blvd					0 2	/	^D 0	3 /	Ž	0 1 1	Y		
Phoenix Purpose of Disbursement	State Zip Code AZ 85034	_	•		Amour	nt of	Each	Disburse	-	t this F 53.40			
CREDIT CARD EXPENSES Candidate Name			tegory/ Γype										
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)			7	ΓRAVI	EL							
State: District:							-		10	00.40			
SUBTOTAL of Disbursements This Page (optional)			🕨	<u> </u>					10	63.10			

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:			PA	GE	29 / 3	37	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	F	22 28a	П	23 28b	\Box	24 28c	П	25 29	\square	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Con	nmittee													
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 104 Canal St City	State	Zip Code					Trans Date of	of D	sburs	emer	nt Y		0 1 1		'
Boston Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name	MA	02114	Ca	ato	gory/						34133	-	54.51	-	
	ement For: Primary Other (spe	General ecify) ▼			pe										
Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701							Trans Date o		sburs	_	-	ž	0 1 1	Y	
City Woburn	State MA	Zip Code 01888					Amou	nt o	Each	Disk	ourse	men	t this F	Perioc	k
	ement For:				egory/ rpe			0	•	•		4	80.73		
Senate President State: District:	Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) CENTURY TYPE INC.							Trans Date of	of D	sburs	emer					
Mailing Address 1020 Commonwealth Av	enue						0 ^M 2	М	2	2 2	/ L	ž	0 1 1	Y	
Boston	State MA	Zip Code 02215					Amou	nt o	Each	Disk	ourse	-	t this F	-	zi T
Purpose of Disbursement Printing Company Candidate Name					egory/				•		0	4	20.00	0	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼													
SUBTOTAL of Disbursements This Page (optional)					•							12	55.24		

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	IE NUMBER:	PAGE 30/37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 23 28a 28i	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any persor	n for the purpose of	f soliciting contributions
NAME OF COMMITTEE (In Full)				
Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) CHARLESTOWN SELF STORAGE			Transaction Date of Disbu	irsement
Mailing Address 50 Terminal St.			02 /	0 3 /
,	State Zip Code MA 02129		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement Storage Unit			L	624.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) COMCAST			Transaction Date of Disbu	ırsement
Mailing Address PO Box 196			02 /	D 0 3 Y 2 0 1 1 Y
,	State Zip Code NJ 07101		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement Internet Bill			L	104.61
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) DIRECT MAIL SYSTEMS			Transaction Date of Disbu	ırsement
Mailing Address 12450 Automobile Boule	vard		02	D 1 5 Y 2 0 1 1 Y
	State Zip Code FL 33762		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement Fundraising - Party Only				6073.76
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional) .		>		6802.37

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 31/37
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) ☐ 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee			
Full Name (Lest First Middle Initial)				
Full Name (Last, First, Middle Initial) DIRECTV			Transaction ID: S Date of Disbursemen	nt
Mailing Address PO Box 60036			02 15	^Y ^Y ^Y ^Y ^Y ^Y ^Y
,	State Zip Code CA 90060		Amount of Each Disl	oursement this Period
Purpose of Disbursement Cable Bill				49.34
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Doubletree Hotel Boston/Milford			Transaction ID: S Date of Disbursemen	nt
Mailing Address 11 Beaver Street			02 03	Y ŽOŽII
•	State Zip Code MA 01757		Amount of Each Disl	oursement this Period
Purpose of Disbursement Event room, food & drink - Party Only				14380.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Doubletree Hotel Boston/Milford			Transaction ID: S Date of Disbursemen	
Mailing Address 11 Beaver Street			02 15	2011
•	State Zip Code MA 01757		Amount of Each Disl	oursement this Period
Purpose of Disbursement Event room, food & drink - Party Only				1941.04
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				16370.38

C.

COUEDINE B (FFC Farm 2V)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congres	ssional Committee		
Full Name (Last, First, Middle Initial) FEDEX			Transaction ID: SB.24 Date of Disbursement
Mailing Address P.O. Box 371461			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & M & I \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Q & M & I \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Z & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} \ \\ \end{bmatrix} \ \\ \begin{bmatrix} Y & Y & Y$
City Pittburg	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement Shipping fees			13.65
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disburs Senate	sement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
FEDEX			Transaction ID: SB.28 Date of Disbursement
Mailing Address P.O. Box 371461			0 2 D 1 5 / Y Y Y Y Y
City	State Zip Code		Amount of Each Disbursement this Period
Pittburg	PA 15250		
Purpose of Disbursement			32.94
Shipping fees Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE			Transaction ID: SB.12 Date of Disbursement
Mailing Address 324 25th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & J \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & J & J \end{smallmatrix} \end{bmatrix} \ \\$
City Ogden	State Zip Code UT 84201		Amount of Each Disbursement this Period
Purpose of Disbursement Overdue Income Tax Return Bill			684.36
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	1		730.95

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE I	NUMBE	R:		РА	GE	33 / 3	37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		1b [22 28a	23 28b		24 28c	П	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any pe	rson fo	r the pu	rpose of		iting co		utions	
NAME OF COMMITTEE (In Full)										
Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS				Date of	of Disburs	seme		* \/	V	V
Mailing Address PO Box 152				0 ^M 2	W / D	15	l L	2	0 1 1	
City West Groton	State Zip Code MA 01472			Amou	ınt of Eac	h Di	sburse	-	-	
Purpose of Disbursement Communication Consultant								300	00.00	
Candidate Name		Category Type	"/							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial)				Tranc	saction ID	٦. ٥	SB 27			
KAUPPI COMMUNICATIONS				Date	of Disburs	seme			٧	Y
Mailing Address PO Box 152				0 ^M 2		15	ľĽ	2	0 1 1	
,	State Zip Code MA 01472			Amou	ınt of Eac	h Di	sburse	ment	this F	Period
Purpose of Disbursement Communcation Consultant				L.				300	00.00	
Candidate Name		Category Type	'/							
Senate President	ment For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) KONICA MINOLTA BUSINESS SOLUTION	IS			Date of	saction ID of Disburs	seme	_			
Mailing Address 21146 Network Place				0 ^M 2	M / D	22	/ Y	ž	0 1 1	Y
	State Zip Code IL 60673			Amou	ınt of Eac	h Di	sburse	ment	this F	Period
Purpose of Disbursement Copier bill				L.				76	37.38	
Candidate Name		Category Type	'/							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					676	7.38	

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s		INE NU	JMBER	l:	PA	AGE 3	34 / 37	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I —	b 🔲	22 28a	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee								
Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES					Disburs	: SB.19 ement) 1 1 Y	1
Mailing Address 117 South 14th St. Ste. 300				0.2		5	20	1 1	
City Richmond	State Zip Code VA 23219			Amoun	t of Each	Disburse			riod
Purpose of Disbursement Rent			7				4434	4.00	
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial) POLAND SPRING Mailing Address P.O. Box 856192					Disburs	: SB.41 ement		1 1 Y]
City	State Zip Code			Amoun	t of Each	Disburse	ement t	his Per	riod
Louisville Purpose of Disbursement	KY 40285		7				18	3.41	
Water bill Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President State: District:	ement For: Primary	1							
Full Name (Last, First, Middle Initial) STAPLES					ction ID	: SB.11			
Mailing Address PO Box 689020				0 ^M 2 M	/ D	3 /	žo	11	
City Des Moines	State Zip Code IA 50368			Amoun	t of Each	Disburse			riod
Purpose of Disbursement Office Supplies			7				120	6.47	
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President	ement For: Primary	•							
State: District:									
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				4578	3.88	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29
ony Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress			ot contributions from such continues
Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE			Transaction ID: SB.15 Date of Disbursement
Mailing Address 1165 2nd Ave.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix}$
City Des Moines	State Zip Code IA 50318		Amount of Each Disbursement this Period
Purpose of Disbursement BRE Permit			250.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB.21
U.S. POSTAL SERVICE			Date of Disbursement
Mailing Address 1165 2nd Ave.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \ Y $
City Des Moines	State Zip Code IA 50318		Amount of Each Disbursement this Perio
Purpose of Disbursement BRE Permit			500.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) VERIZON PHONE			Transaction ID: SB.20
Mailing Address PO Box 1100			Date of Disbursement M 2 M / D 1 5 / Y Y O Y 1 Y O 2 N 1 1 Y
	State Zip Code NY 12250		Amount of Each Disbursement this Perio
Purpose of Disbursement Phone bill	12250		610.98
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1360.98
(25 (25 (25 (25 (25 (25 (25 (25 (25 (25		<u> </u>	72332.02

PAGE 36 / 37 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original Debt for telemar-keting non-fea **FLS Connect** Mailing Address 7300 Hudson Blvd. Ste City State ZIP Code Saint Paul MN 55128 Outstanding Balance Beginning This Period Transaction ID: LS91217.E11763 3910.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3910.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170 Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PA 19170 Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 250.00

PAGE 37 / 37 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170 Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1250.00 0.00 0.00 1250.00 1) SUBTOTALS This Period This Page (optional)..... 5660.20 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

5660.20